

ALLOWANCE HOT LIST

Appl. No. 09414082Examiner-TC 2600

Prepared by

Date

M. Gordon2-7-05

JACKET:

☒ YES ☐ NO Primary Examiner box complete.☒ YES ☐ NO Issuing Classification complete.

PTO-892/1449:

☒ YES ☐ NO Examiner's initials or cross-through lines supplied for each item cited by applicant.☒ YES ☐ NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC:

☒ YES ☐ NO Brief Description of Drawings includes description of each figure in drawings.☒ YES ☐ NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

CLAIMS:

☒ YES ☐ NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.☒ YES ☐ NO Claims correctly numbered in index.

(No duplicate or missing claim numbers.)

(No incorrect dependencies.)

CRFE:

☒ YES ☐ NO If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

☒ YES ☐ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.

SERIAL NUMBER 09/414,082	FILING DATE 10/06/99	CLASS 370	GROUP ART UNIT 2741	ATTORNEY DOCKET NO. 062891,340
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APPLICANT

KENNETH M. BUCKLAND, SANTA ROSA, CA; RICCARDO G. DORBOLO, PETALUMA, CA;
ROBERT D. HOWSON JR., SANTA ROSA, CA.

CONTINUING DOMESTIC DATA***

VERIFIED



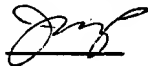
371 (NAT'L STAGE) DATA***

VERIFIED





FOREIGN APPLICATIONS***

VERIFIED



IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/28/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
Verified and Acknowledged  					

ADDRESS

BAKER & BOTTS LLP
2001 ROSS AVENUE
DALLAS TX 75201-2980

TITLE

METHOD FOR USING A PRE-CONFIGURED TDM SWITCH AND TRAFFIC DISCARD TO
FACILITATE UPSR SELECTION

BEST AVAILABLE COPY

FILING FEE RECEIVED \$868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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